



Dickinson Township ◊ 219 Mountain View Road ◊ Mount Holly Springs, PA 17065
Phone: (717) 486-7424 ◊ Fax: (717) 486-8412
www.dickinsontownship.org

APPLICATION FOR DEMOLITION

**DICKINSON TOWNSHIP DOES NOT VERIFY THE REGISTRATION OF HOME IMPROVEMENT CONTRACTORS. BUILDING PERMIT APPLICATIONS ARE ADVISED TO VERIFY THE REGISTRATION OF HOME IMPROVEMENT CONTRACTORS BY REFERRING TO THE WEBSITE OF THE PENNSYLVANIA OFFICE OF THE ATTORNEY GENERAL, BUREAU OF CONSUMER PROTECTION AT www.attorneygeneral.gov/hic.aspx OR BY CALLING TOLL FREE 1-888-520-6680.*

PLEASE FILL OUT COMPLETELY

Location of Proposed Demolition:

County: _____ Municipality: _____

Site Address: _____

Tax Parcel Number: _____ Lot: _____ Subdivision: _____

Owner of Property: _____

Phone Number: _____ Cell Phone: _____

Mailing Address: _____

Principal Contractor: _____

Phone Number: _____ Cell Phone: _____ Fax Number: _____

Mailing Address: _____

E-mail Address: _____

Type of Demolition: (Please Check One)

____ Residential House ____ Mobile Home ____ Accessory Structures

Square Footage of Demolition: _____

Briefly describe the proposed work: _____

Signature: _____ **Date:** _____

Must fill out an "Affidavit of Exemption" (attached on back) from worker's compensation or provide a "Certificate of Insurance" showing proof of such.



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***AFFIDAVIT OF EXEMPTION WORKERS COMPENSATION INSURANCE
YEAR _____***

The undersigned affirms that he/she is not required to furnish Workers Compensation Insurance under the provisions of the Pennsylvania's Workers Compensation law for one of the following reasons:

_____ Property owner is performing the work. If property owner does hire contractor to perform any work pursuant to the Zoning/Building Permit, Contractor must provide proof of Workers Compensation Insurance to the municipality. Homeowner shall be liable for contractor compliance with this requirement.

_____ Contractor has no employees. Contractor prohibited by law from employing any individual to perform work pursuant to the Zoning/Building Permit unless contractor provides proof of Insurance to the municipality.

_____ Religious Exemption under the Workers Compensation Law Applies. All employees of contractor are exempt from the Workers Compensation Insurance (Attach copies of religious exemption letters for all employees).

Property Owner: _____ Date: _____

Witness: _____ Date: _____